

Name/Address

| | | | |
|-------------------|--------|-----------------|---|
| Last: | First: | Middle Initial: | Title |
| Name of Business: | | | Tax I.D. Number or Guarantor's Social Security Number |
| Address: | | | Fax: |
| City: | State: | ZIP: | Phone: |

Company Information

| | |
|--|---|
| Type of Business: | In Business Since: |
| Contractor Lic. # _____ | Legal Form Under Which Business Operates: |
| Type of license _____ | Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> |
| If Division/Subsidiary, Name of Parent Company: | In Business Since: |
| Name of Company Principal Responsible for Business Transactions: | Title: |
| Address: | City: State: ZIP: Phone: |
| Name of Company Principal Responsible for Business Transactions: | Title: |
| Other authorized purchasers: | |

Bank References

| | | |
|---------------------|--------------------|---------------------------------|
| Institution Name: | Institution Name: | Institution Name: |
| Checking Account #: | Savings Account #: | Home Equity Loan: Loan Balance: |
| Address: | Address: | Address: |
| Phone: | Phone: | Phone: |

Trade References

| | | |
|-----------------------|-----------------------|-----------------------|
| Company Name: | Company Name: | Company Name: |
| Contact Name: | Contact Name: | Contact Name: |
| Address: | Address: | Address: |
| Phone: | Phone: | Phone: |
| Account Opened Since: | Account Opened Since: | Account Opened Since: |
| Credit Limit: | Credit Limit: | Credit Limit: |
| Current Balance: | Current Balance: | Current Balance: |

BILLING TERMS: 2% discount for payment by the 10th day (except when paying by credit card), otherwise net 30 days. Any account not paid at 30 days will be placed on credit hold.

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

Signature

Date

Additional Information

| | | | |
|--|--------|------|--------|
| Do you own your own home? Yes No | | | |
| Home Street Address: | | | |
| City: | State: | ZIP: | Phone: |
| List addresses of other real estate you own: | | | |
| Street Address: | | | |
| City: | State: | ZIP: | |
| Street Address: | | | |
| City: | State: | ZIP: | |

Guarantee

The undersigned agrees to be personally responsible for the payment of this account. The prevailing party in any collection or litigation shall recover its reasonable attorney's fees.

Signed: _____ Date: _____

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

Signature

Date

ALL FIELDS REQUIRED - PLEASE ATTACH ADDITIONAL INFORMATION AS NEEDED